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ABSTRACT

The Marital Satisfaction Inventory (MSI) is a potential instrument for differentiating couples with specific sexual distress from those with more general marital complaints. Couples (N=45) expressing primary complaints of dissatisfaction with their sexual relationship and couples (N=45) expressing primary complaints of generalized marital distress completed the MSI prior to therapy. Results show that couples seeking brief sexual dysfunction therapy exhibit MSI profiles characterized by higher elevation on Sexual Dissatisfaction. For couples seeking general marital therapy, complaints of sexual distress are secondary to prominent levels of general marital discord and dissatisfaction with communication and time spent together. Results support the usefulness of the MSI in differentiating couples with generalized marital distress from those with specific sexual dysfunctions. The MSI appears well-suited not only for individual treatment decisions, but also as a multidimensional criterion for sexual dysfunction research. (Author/NRB)

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A Multidimensional Comparison of Maritally and Sexually Dysfunctioned Couples

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Running head: Comparison of Maritally and Sexually Dysfunctioned Couples

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A Multidimensional Comparison of Maritally and Sexually Dysfunctioned Couples

Since publication of Masters and Johnson's (1970) Human Sexual Inadequacy, the interrelationships between marital and sexual dysfunction therapy have been a focus of increasing discussion and speculation. Sager (1974, 1976) estimates that 75% of couples seeking marital therapy have significant sexual complaints in addition to their presenting marital problem, and that 70% of couples seeking treatment of specific sexual dysfunctions exhibit significant distress in other areas of their relationship. There has emerged a growing consensus (Kaplan, 1974, 1979; Lobitz & Lobitz, 1978) that treatment of sexual dysfunctions using a short-term, behaviorally oriented directive approach without carefully examining the role of marital conflict in other dimensions of the relationship is both incomplete and shortsighted. This admonition has found considerable support from recent studies delineating severe marital distress as a poor prognostic indicator in various forms of sexual dysfunction therapy (Lansky & Davenport, 1975; Leiblum, Rosen, & Pierce, 1976; McGovern, Stewart, & LoPiccolo, 1976; Munjack & Kanno, 1977; O'Connor, 1976).

Although a thorough evaluation of a couple's general relationship prior to treatment of a specific sexual dysfunction appears an obvious and clinically intuitive procedure, until recently the ability to complete such an assessment by objective means has been greatly limited. As Cromwell, Olson, & Fournier (1976) pointed out in a comprehensive survey of the field, the empirical development and appropriate standardization of marital assessment techniques have been extremely rare. A more recent review of measures of

sexual and marital functioning (Schiavi, Derogatis, Kuriansky, O'Connor, & Sharpe, 1979) reveals similar deficiencies; fewer than half of the 51 measures reviewed report even minimal data regarding reliability and validity. In the authors' own words, ". . . the late application of psychometric technology in the area of human sexual behavior has resulted in a lack of general knowledge about psychological measurement in this area" (p. 170). Although a small number of excellent inventories have been developed for assessing various aspects of the couple's sexual relationship (Derogatis & Melisaratos, 1979; LoPiccolo & Steger, 1974), these measures fail to address any nonsexual dimensions of marital functioning.

In a previous study, Snyder (1979b) described the initial development of the Marital Satisfaction Inventory (MSI), a 280-item multidimensional measure of marital satisfaction including one validity scale (CNV), one global affective scale (GDS), and nine additional scales assessing the following specific dimensions of marital interaction: (a) affective communication (AFC), (b) problem-solving communication (PSC), (c) quality and quantity of leisure time together (TTO), (d) disagreement about finances (FIN), (e) sexual dissatisfaction (SEX), (f) sex-role orientation (ROR), (g) family history of distress (FAM), (h) dissatisfaction with children (DSC), and (i) conflict over childrearing (CCR).

Various analyses have shown these scales to be highly reliable across time and able to discriminate between couples in marital therapy and matched control couples from the general population. Snyder, Wills, and Keiser (Note 1) have further demonstrated the convergent and discriminant validity of individual scales using extensive clinical ratings of couples in marital therapy as external criteria.

The purpose of the present study was to examine the Marital Satisfaction Inventory as a potential instrument for differentiating between couples with specific sexual distress and those with more general marital complaints. Results are discussed in terms of their implications for use of the MSI as a screening device in treatment decisions and as a comprehensive criterion measure in sexual dysfunction research.

Method

The Samples

Subjects for the present study were obtained from two sources[1]. The first sample was comprised of 45 couples having primary complaints of dissatisfaction with their sexual relationship seen in brief, directive conjoint therapy at a sexual dysfunction specialty clinic. For women in this sample, the chief complaint involved secondary orgasmic dysfunction (69%) and other difficulties maintaining sexual arousal; specific disorders such as dyspareunia and vaginismus were relatively infrequent (20% and 17%, respectively). For males, the predominant complaint involved infrequent intercourse (87%) and their partner's difficulty achieving orgasm (60%); again, more specific disorders such as erectile dysfunction (25%) and ejaculatory incompetence (18%) were infrequent. Although not their primary complaint, marital distress was frequently evident for both sexes with 40% of males and 49% of females acknowledging some difficulty maintaining affection for their partners.

The second sample was comprised of 45 couples having primary complaints of generalized marital distress and seeking conjoint therapy at a separate marital therapy clinic. These couples were drawn from a larger population

of similar couples and were matched with the sexually dysfunctioned sample on the basis of race, age, family life stage, and socioeconomic status. Subsequent analyses confirmed the absence of significant differences between groups on these measures. Both the sexually and maritally distressed samples were comprised of 12% black or other minorities and reflected a broad distribution across socioeconomic strata. The average individual was 36 years in age and had been married 11 years.

The Measures

All subjects completed the Marital Satisfaction Inventory prior to initiating treatment. Individuals also completed a biographic questionnaire providing basic sociodemographic data and information regarding their marital and family histories. Couples in the sexually dysfunctioned sample were administered symptom checklists detailing the nature and extent of their sexual complaints.

Results

Couples' scores on the Marital Satisfaction Inventory are shown for husbands and wives separately for both the sexually and maritally distressed samples in Figure 1.

Insert Figure 1 about here

Multivariate analysis of variance confirms the overall significance of group differences, F (33, 490) = 3.40, $p < .001$. Subsequent sequential multivariate pairwise comparisons and group differences on individual scales are summarized in Table 1.

Insert Table 1 about here

Overall, both maritally and sexually dysfunctioned couples are characterized by substantial distress across a broad range of areas related to marital functioning. Sexually distressed males are distinguished from maritally distressed husbands by their greater dissatisfaction with the sexual relationship and their lower levels of global marital distress and discontent with problem-solving communication. Sexually distressed females are distinguished from maritally distressed wives by their greater dissatisfaction with the sexual relationship, their lower level of discontent with leisure time together, and their less frequent history of family distress. Within the maritally distressed sample, males report greater sexual dissatisfaction, less conflict around childrearing, and less extensive family disruption than their female counterparts; however, differences in sexual dissatisfaction within this treatment group may be a function of normal sex differences on this scale (Snyder, 1979b). Interestingly, no group differences are found between husbands and wives within the sexually dysfunctioned sample.

Discussion

Results strongly support the usefulness of the Marital Satisfaction Inventory in differentiating couples with generalized marital distress from those with specific sexual dysfunctions. As a group, couples seeking brief sexual dysfunction therapy exhibit MSI profiles characterized by higher elevations on Sexual Dissatisfaction (SEX) than on any other scale. This is in sharp contrast to couples seeking marital therapy for whom complaints of sexual distress are secondary to prominent levels of general marital discord and dissatisfaction with communication and time spent together. Current results contradict a previous study by Frank, Anderson,

& Kupfer (1976) in which the authors failed to detect group differences between sexually and maritally dysfunctioned couples in terms of their overall levels of sexual and marital distress. The discriminative power of the Marital Satisfaction Inventory in the present study is augmented by the finding that nearly half of the sexually distressed sample acknowledged at least moderate difficulty maintaining affection for their partners.

The finding of moderate marital distress across a broad spectrum among couples seeking sexual dysfunction therapy is consistent with previous research. The present study supports Sager's (1976) contention that the mere presence of moderate generalized distress is not sufficient to contraindicate brief sex therapy; in his words, ". . . sex therapy with these couples may result in rapid relief of symptoms and consequent increase in the self-esteem of both partners, creating a more beneficial milieu for dealing with other pressing marital problems" (p. 556). However, current results using the MSI suggest two criteria by which the clinician may judge brief directive sex therapy inappropriate: (a) when the absolute level of global marital distress exceeds moderate proportions (GDS > T60); or (b) when the relative elevation of SEX to other clinical scales reveals the couple to have primary distress around nonsexual aspects of their relationship such as communication and intimacy.

Kuriansky and Sharpe (1976) have enumerated several guidelines for evaluating the outcome of sexual dysfunction therapy; prominent among these are the use of standardized measures, explicit criteria for diagnosis and outcome, and the assessment of patients' psychosocial (particularly marital) as well as sexual functioning. Given its objective nature as a comprehensive measure of a broad spectrum of marital interactions including the

couple's sexual relationship, the Marital Satisfaction Inventory appears particularly well-suited not only for individual treatment decisions but also as a multidimensional criterion for sexual dysfunction research. Current research in progress involves use of the MSI in empirically delineating those factors in the marital relationship which moderate or predict the differential responsiveness of sexually distressed couples to therapeutic intervention. A long-range goal includes the development of multiple treatment strategies specific to the interactive effects of sexual and marital distress.

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Snyder, D. K. Multidimensional assessment of marital satisfaction. Journal of Marriage and the Family, 1979, 41, 121-131. (b)

Footnote

[1] Sexually dysfunctioned couples were treated at the Problems of Daily Living Clinic at Sinai Hospital of Detroit. Maritally distressed couples were seen in treatment at Lafayette Clinic in Detroit.

Table 1

Significant Group Differences on the

Marital Satisfaction Inventory

I. Sexually Distressed Males vs. Maritally Distressed Males

Omnibus: F (11, 166) = 2.495**

Univariate:

Global Distress (GDS)	-	F (1, 176) = 4.308*
Problem-Solving Communication (PSC)	-	F (1, 176) = 6.347*
Sexual Dissatisfaction (SEX)	-	F (1, 176) = 10.923**

II. Sexually Distressed Females vs. Maritally Distressed Females

Omnibus: F (11, 166) = 3.647**

Univariate:

Time Together (TTO)	-	F (1, 176) = 5.950*
Sexual Dissatisfaction (SEX)	-	F (1, 176) = 18.080**
Family History of Distress (FAM)	-	F (1, 176) = 4.303*

III. Sexually Distressed Males vs. Sexually Distressed Females

Omnibus: F (11, 166) = 1.394

Univariate: None

IV. Maritally Distressed Males vs. Maritally Distressed Females

Omnibus: F (11, 166) = 4.292**

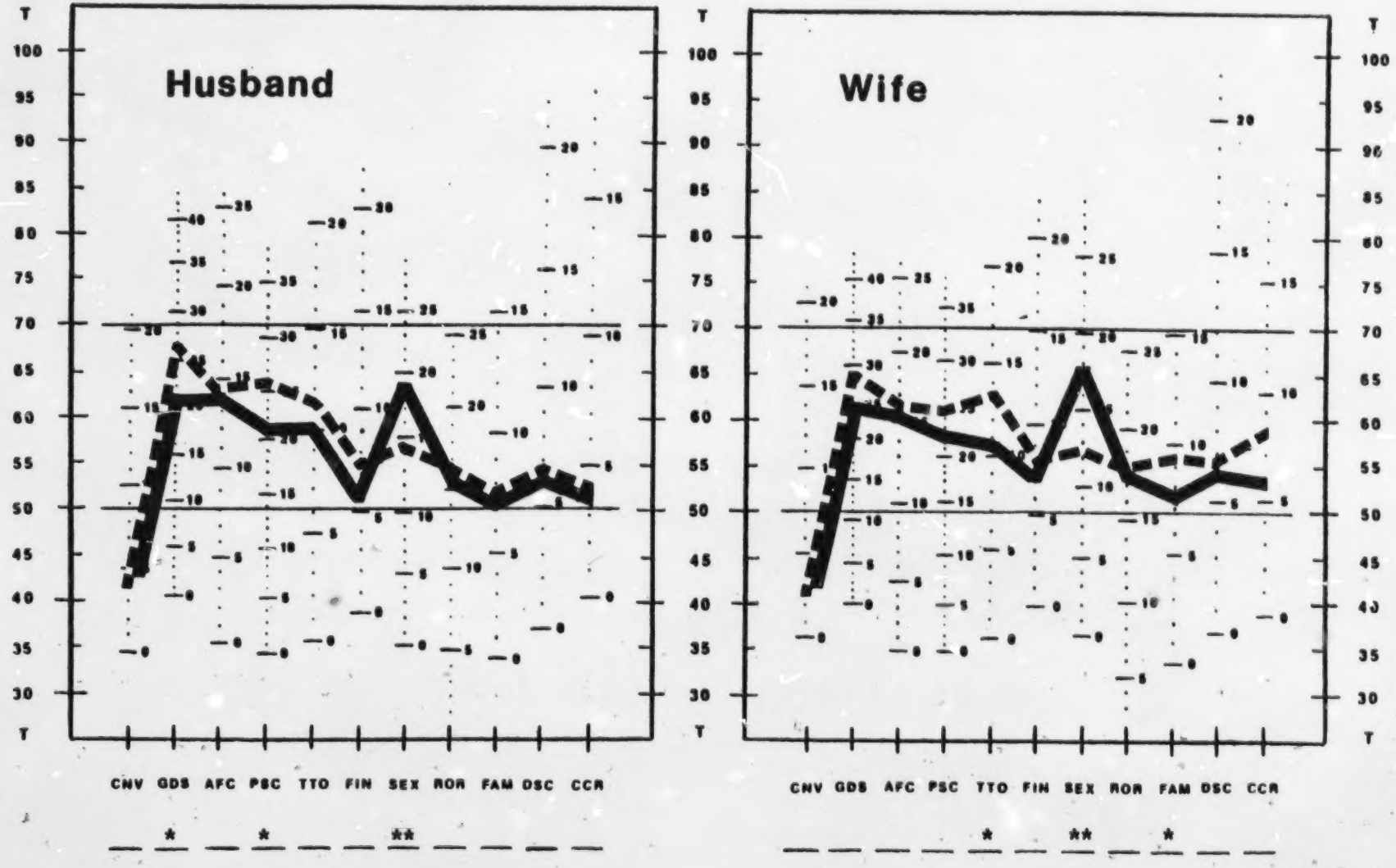
Univariate:

Sexual Dissatisfaction (SEX)	-	F (1, 176) = 3.900*
Family History of Distress (FAM)	-	F (1, 176) = 4.303*
Conflict About Childrearing (CCR)	-	F (1, 141) = 10.567**

* $p < .05$

** $p < .01$

Marital Satisfaction Inventory



SOURCE:

MARITAL THERAPY CLINIC

SEX THERAPY CLINIC

* $p < .05$

** $p < .001$

Figure Caption

Figure 1. Group mean MSI profiles for maritally and sexually dysfunctioned couples.